

(1) PLACE OF BIRTH

County of *Lexington*Township of *Coryville*

Inc. Town of.....

City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Martha Mae Melnick* If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD GIRL <i>girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Nov 6 1922</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Henry Melnick*(9) PRESENT POSTOFFICE OF FATHER *NW Brooklands*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *23* (Years)(12) BIRTHPLACE *Lexington Co*(13) OCCUPATION *Public Works*(20) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mamie Sligh*(15) PRESENT POSTOFFICE OF MOTHER *NW Brooklands*(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *21* (Years)(18) BIRTHPLACE *Lexington Co*(19) OCCUPATION *house wife*(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Francis W. W. W.*(24) State whether *Physician or Midwife* (25) Address of Physician or Midwife *NW Brooklands*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *11/28/22* (28) *J. C. Lybrand* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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File No.—For State Registrar Only

39268

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No *3145* Registered No. *126*

(For use of Local Registrar)